CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD CENTRAL VALLEY REGION

SECTION 401 WATER QUALITY CERTIFICATION APPLICATION FORM

A minimum of \$500.00 processing fee is required. Please include a check payable to the <u>State Water Resources Control Board</u>. Attach additional sheets as necessary. Submit the completed form to the appropriate Regional Board office.

A gent:

2. AGENT INFORMATION*

1. APPLICANT INFORMATION

Applicant

Аррисант.	Agent.
Contact Name:	Contact Name:
Address:	Address:
Phone No:	Phone No:
Fax No:	Fax No:
	*Complete only if applicable
3. PROJECT DESCRIPTION	
a) Project Title:	
b) Project Location:	
County:	Section: Township: Range:
	Longitude:ers' clearly indicated (e.g. USGS 7 ½ quadrangle map)
	purpose and final goal, construction techniques, type of equipment to
be used, etc.):	
d) Proposed Schedule (start-up,	duration, and completion dates):
	•
e) Total Project size (clearing, g	grading, other construction activities):
acres	linear feet (if appropriate)
1	

b) Anticipated stream f	low during p	project activity	:				
c) Describe potential in	npacts to wa	ter quality:					
d) Indicate in ACRES a	and LINEAR	FEET (where	appropri	ate) the propo	sed waters	s of the United	
States to be impacted					fy the impa	acts(s) as	
permanent and/or ter	nporary for o	each water boo	dy type lis	ted below:			
Water Body Ty	vne	Permanent Impacts		ets	Temporary Impacts		
Travel Body 1	, PC	(acres)	(linear		(acres)	(linear feet)	
Jurisdictional Wetland	1	(40100)	(11110411	1000)	(46105)	(111104111000)	
Riparian	-						
Streambed unvegetate	d						
Lake/Reservoir	u						
Ocean/Estuary/Bay							
United States:		`			ged to wate		
		`					
COMPENSATORY	aterial propo	osed to be discl	harged to	waters of the	United Stat	es:	
COMPENSATORY	aterial propo MITIGAT und LINEAR	osed to be disclete	harged to	waters of the ate) the total of	United State	es: waters of the	
f) Indicate type(s) of many compensatory a) Indicate in ACRES a	aterial proportion of the control of	osed to be disclete	harged to	waters of the ate) the total of	United State	es: waters of the	
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f) Indicate type(s) of materials. COMPENSATORY a) Indicate in ACRES a United States propo	aterial proportion of the control of	TION FEET (where eated, Restored	harged to see appropried and/or E	waters of the ate) the total of the canhanced for particular to the stored	United State quantity of purposes of Enh	waters of the providing	
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f) Indicate type(s) of material forms. COMPENSATORY a) Indicate in ACRES a United States propo Compensatory Mitig Water Body Type Jurisdictional Wetland Riparian Streambed	aterial proportion of the control of	TION FEET (where eated, Restored	harged to see appropried and/or E	waters of the ate) the total of the canhanced for particular to the stored	United State quantity of purposes of Enh	waters of the providing	
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c) Other Mitigation (omit if not applicable):					
How many acres of this mitigation area qualify as waters of the United States?					
d) Location of Compensatory Mitigation Site(s) (as	ttach map of suitable quality and detail):				
City or Area:	County:				
Longitude/Latitude:	Township/Range:				
6. OTHER ACTIONS/BEST MANAGEMENT					
Briefly describe other actions/BMPs to be implement	ented to avoid and/or minimize impacts to waters of t, erosion control measures, project scheduling, flow				
7. OTHER PERMITS/AGREEMENTS a) U.S. Army Corps of Engineers Permit					
Indicate the type of ACOE permit (check one):	Nationwide Permit No(s): Regional Permit No(s):				
Have you notified ACOE of project?					
Have you reviewed the General Conditions for y	·				
	ification to ACOE?				
b) California Department of Fish and Game Lake of Date of Application:	or Streambed Alteration Agreement				
Have you attached a copy of the application? Y	Ves No				
Has the Agreement been issued? if so, list					
in so, in	ovingroomenv numeer.				

8. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)
a) Indicate the type of CEQA Document required for project and Lead Agency:
Categorical Exemption Negative Declaration Environmental Impact Report
Has the document been certified/approved, or has a Notice of Exemption been filed*?
If yes, date of approval/filing: If no, expected approval/filing date:
Lead Agency:Submit final or draft copy if available*
b) Threatened or Endangered Species impacted by this project (list all potential species):
9. PAST/FUTURE PROPOSALS BY THE APPLICANT
Briefly list/describe any projects carried out in the last 5 years or planned for implementation in the next 5 years that are in any way related to the proposed activity or may impact the same receiving
body of water. Include the estimated adverse impacts from the past or future projects.
Applicant's Signature (or Agent) Date